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02048 7590 12/06/2006

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| |
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| (Depositor's name) |
| (Signature) |
| (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
|-----------------|-------------|----------------------|---------------------|------------------|

10/669,416 09/25/2003 Robert Mills 46527 5060

TITLE OF INVENTION: MAHONIA AQUIFOLIUM EXTRACT, EXTRACTION PROCESS AND PHARMACEUTICAL COMPOSITION
 CONTINUING THE SAME

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|-------------|--------------|---------------|---------------------|----------------------|------------------|----------|
|-------------|--------------|---------------|---------------------|----------------------|------------------|----------|

nonprovisional NO \$1400 \$300 \$0 \$1700 03/06/2007

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------|----------|----------------|
|----------|----------|----------------|

FLOOD, MICHELE C 1655 424-725000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member one or more registered attorneys or agents) and the names of up to 3 registered patent attorneys or agents (if no name is listed, no name will be printed).
 02 FC:1504

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

NAME OF ASSIGNEE
 Prime Pharmaceutical Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
 3281 Landmark Drive
 Clearwater, Florida 33761 USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies

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- ☐ A check is enclosed.
☒ Payment by credit card. Form PTO-2038 is attached.
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Kimberley Lachaine
 Typed or printed name Kimberley Lachaine

Date February 26, 2007
 Registration No. 33319

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IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Applicant : MILLS, Robert et al.
Serial No. : 10/669.416
Filed : September 29, 2003
Title : MAHONIA AQUIFOLIUM EXTRACT, EXTRACTION PROCESS
AND PHARMACEUTICAL COMPOSITION CONTAINING THE
SAME
Art Unit : 1655
Examiner : Michele C. Flood

KIRBY EADES GALE BAKER
Box 3432, Station D
Ottawa, ON K1P 6N9
CANADA

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450
United States of America

Dear Sir:

This application was allowed December 6, 2006.

Enclosed please find the issue fee and publication fee transmittal form. Our credit card authorization form is also enclosed.

Please issue the Letters Patent document in due course.

Respectfully submitted,

Kimberley A. Lachaine

Kimberley A. Lachaine
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Tel. (613) 237-6900
Our File No. 46527
February 26, 2007